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**SPATIAL METAPHORS AND HAUNTED SPACE: SEMANTICS OF ARCHITECTURAL
THERAPEUTIC ENCOUNTERS****Abstract**

Spaces for therapy and counselling are haunted spaces, spaces whose physical characteristics manifest past inhabitation and cue connections to another's trauma. This paper explores findings from a research project which examined the perceptions of spatiality of individuals who self harm, and the interior encounters they were exposed to which are of particular significance to this group. This data collection involved a series of semi-structured interviews with mental health service users who self harm, their carers, therapists/counsellors, architects, and design experts/researchers. Also included was an examination of existing built therapeutic spaces. Through analysis of the data collected, a series of findings were determined relating to perceptions of spatiality and the semantics of architectural therapeutic encounters. This paper first explores metaphor and metaphorical expression as discussed in literary, philosophy and architectural discourse. Following this, the methods used in the study reported in this paper are defined. Results are presented subsequently, outlining the spatial metaphors and haunted dimensions of therapeutic space perceived by service users. The discussion investigates possible explanations for why spatial metaphors were of particular significance, and why traces within built interior space is cueing connections to another's trauma. This is framed across three themes: (1) sensitivity to spatial metaphoric content; (2) sensory engagement triggering connections to narratives (imagined); and (3) the forfeiting of language and significance of a dialogue with the built environment through touch and the human sensorium. This discussion is presented alongside relevant discourse on spatial metaphors and semantics of space from a variety of disciplines, in order to aid the analysis. What emerged from the study was that the sense of place experienced by service users brings together real and imagined dimensions of space, present and absent. The findings of this study indicate that the semantics of space in therapeutic settings is key to exploring sense of place and the haunted dimensions of therapeutic space. Therapeutic spaces are imbued with metaphoric signifiers, bodily transmission, and offer opportunities for non-verbal communication, increased body awareness, increased sensory engagement and perception, and opportunities for the development of the self. Providing spaces which are psychologically safe, and not haunted by spectres of the past service user and their trauma, requires attention be paid to notions of trace within the counselling workspace, and the semantics of architectural therapeutic encounters.

Keywords: spatial semantics, linguistics, hauntology, therapy, physical environment

1. Introduction

Individuals who self harm have close affective ties with their architectural environments: their sensory encounter is overlaid with hauntings of past inhabitation, which interfere with the development and symbolism of self. Traces of past service user¹ inhabitation in therapeutic spaces

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¹The term 'service user' is used within this paper to refer to the individual who is a client of mental health services.

allowed their ghosts to fill the space. For the service user present in the room, this reduced opportunities for exercises of self production and developing a sense of identity. This was uncovered through a study which examined the perceptions of spatiality service users of mental health services, and the aspects of built therapeutic environments which were significant. This paper first explores metaphor and metaphorical expression as discussed in literary, philosophy and architectural discourse. Following this, the methods used in the study reported in this paper are defined. Results are presented subsequently, outlining the spatial metaphors and haunted dimensions of therapeutic space perceived by service users. The discussion investigates possible explanations for why spatial metaphors were of particular significance, and why traces within built interior space is cueing connections to another's trauma. This discussion is presented alongside relevant discourse on spatial metaphors and semantics of space from a variety of disciplines, in order to aid the analysis.

In this paper, the term 'haunted space' is used to refer to the dimension of past inhabitation within built environments that is made present or apparent. This may manifest as a meaningful experiential overtone, evoked by space without any explicit religious symbolization, connotation, or designation. This haunting is "a personal and individual existential experience which obtains its aura and impact through the inherent nature of human experience itself" (Pallasmaa 2015: 20). Investigations of haunted space often draw on Jaques Derrida's hauntology (Derrida 2004) and have highlighted how the haunted dimensions of space can disrupt normative ontological categories, suggesting a blurring of presence and absence, being and non-being, self and other (Till 2005; Wylie 2007; Edensor 2005; Maddern and Adey 2008). Such fluid and less distinguishable experiences "provide a realm in which sensual experience and performance is cajoled into unfamiliar enactions which coerce encounters with unfamiliar things and their affordances" (Edensor 2005: 325).

The term 'trace' is used within this paper to describe artefacts indicative of past occupation, which evoke this haunting, such as the depressions left behind in a seat of a chair, the scent of another lingering in the space, or the physical wear of the carpet in the centre of a doorway. Inhabited spaces become imbued with biological remains including

"the dust of flaking skin, the hair, the exhaled air, the humidity, heat and bodily fluids that get left behind by generations of occupants can only combine to form a peculiarly human trace... it is an arresting thought that part of the experience of being within an elderly space is sensing these human residues" (Littlefield 2007a: 10-11).

This trace is a spatial metaphor as it stands for an absent body, no longer physically inhabiting the space, but continuing to occupy psychological space. As Vo explains, traces have "the potential to create a vivid memory within the participant who comes into contact with it" (Vo 2010: ix). Through trace, a corporeal dialogue unfolds between inhabitant and built environment. Through tactile investigation, the inhabitant may gain greater connection to that which envelops them, and those who have come before. The study reported in this paper focused on the counselling workspace, a term used to refer to the office-like room where counselling and therapy takes place, within a mental health service facility.

2. Metaphor: A literature review

Burgass feels that metaphor is over-used in theory (Burgass 1999). However, Ricoeur notes that through a process of reanimation, metaphors can produce new meaning and reassert their contemporary relevance (Ricoeur 2003). Lakoff and Johnson elaborate this notion, explaining that metaphors which sit outside our conceptual system are imaginative and creative, and can elicit a new understanding of experience. They achieve this by "reverberate[ing] down through the network of entailments that awakens and connects to our memories of our past experiences and serves as a possible guide for future ones" (Lakoff and Johnson 1980: 141). Such metaphors highlight certain features whilst suppressing others, and can evoke very specific aspects of imbued concepts. Further, they explain that metaphors can create new realities, which challenges most traditional views of metaphor. This is achieved by metaphors' influence on conceptual systems, which affects "how we perceive the world and act upon those perceptions" (Lakoff and Johnson 1980: 147). Poignantly, they note that

“since much of our social reality is understood in metaphorical terms, and since our conception of the physical world is partly metaphorical, metaphor places a very significant role in what is real for us” (147).

Architecture is instrumental in shaping, directing and organising spatial encounter, however its experience is also layered and complex. The problem of its description is recognised:

“To what extent is it possible to represent a material object in an immaterial, intelligible medium such as language?... How can one represent in words the totality of visual experience – the infinite varieties of colour, space, depth, texture, light and shade – offered by even the simplest object?” (Webb 1999: 59).

Yet, it is important to consider that built space is not purely visual; it is also characterised by sensory information related to sound, smell, temperature or scale (Pallasmaa 2014). In other words,

“experiencing architecture brings in properties related to what buildings ‘feel’ like, that is, is a holistic, enactive or embodied and multimodal experience” (Caballero 2014: 161-62).

In architectural theory and criticism, metaphoric analysis can be found in the identifying of architectural work through multiple references, or from non-architectural fields (Broadbent 1977). The intersection and overlay of architectural metaphors can become a means to organise reality and imagination (Levi-Strauss 1976), to represent and manifest social and cultural change (Heynen and Loeckx 1998) and to evoke haptic experiences and transcend material nature (Webb 1999). Metaphorical descriptors used to communicate architectural encounters might include terms which blend distal and proximal perceptual experiences. Metaphors are also useful as a mechanism to extend a descriptive or purely visual statement into a haptic, temporal experience (Vo, 2010). This sensuous approach to built space underlines the role of the haptic system in experiencing three-dimensionality. These encounters engage multiple sensory modalities, thus the need for metaphoric communication to describe architectural encounters is not surprising. Essentially, the experience of architecture is imbued with metaphors, implying particular values and meanings (Bloomer and Moore 1977). This underlines the intrinsic connections between metaphoric expression and the visceral, multimodal experiences contained within architectural environments.

The potentials of metaphors to describe architectural experiences lie in their abilities to: (1) refer to equivalents, and thus foster greater understanding or comprehension of an artefact or encounter; (2) to create a verbal or spatial equivalent to a temporal dimension; and (3) to evoke that which is absent (such as atmosphere, emotion, symbolic meanings) as vividly as that which is present. Clear examples of these potentials are seen in the long history of using metaphor to evoke the experience of inhabiting sacred spaces. Forms of churches, particularly the curves of arches and vaults, are often described as points in motion. Piers might be said to “rise up little by little on well-curved airy paths” (Paul The Silentiary, *Ekphrasis II*, lines 400,405 as appears in Fletcher and Carne-Ross 1965: 563), or they may ‘separate from their former partner’ in order to ‘dance’, ‘grow’ and ‘spring forth.’ This also makes clear a common phenomenon, by which we tend to endow architecture with anthropomorphic physiognomy (Burioni 2013). Through the attribution of movement and animation to a static entity, the subject is made more vivid and the experience of the building is more intensely reflected. The movement attributed to the architectural features is a means to convey the experience of the inhabitant who moves through the church and for whom the architectural volumes unfold in a choreographed, shifting assemblage of forms.

In parallel, the use of metaphor “is an effective way of expressing the magnificence and otherness of the church” (Webb 1999: 69). Bodily metaphors are again used, this time to convey the form and significance of sacred spaces: “The building opens up to immensity; the breadth of its hollows is such that it could be pregnant with many thousands of bodies” (Michael The Deacon, *Ekphrasis IV*, lines 88-90 as appears in Webb 1999). This passage not only conveys the curvature and form of the building but also its theological significance. Through metaphor, the distinction between the perceptible and the imperceptible qualities of buildings is irrelevant; metaphors are engaged to

convey spatial experiences in which the seen and the unseen, the tangible and the intangible are equally real.

Literature notes that “the mental contents of an architectural experience do not always match its physical contents” (Bader 2015: 261). This body of discourse discusses how architectural encounters contain emotional responses, attitudes and evaluations which are products of the built environment and individual evocations and memories. Finnish architect and theorist Pallasmaa notes how “the immediate judgement of the character of space calls for our entire embodied sense, and it is perceived in a diffuse and peripheral manner rather than through precise and conscious observation” (Pallasmaa 2014: 231). It is perhaps pertinent that research considers the sensuous interactions between people, places and things and the metaphors by which we might read, interpret or communicate these experiences.

Architectural practice also engages metaphor through the way in which the architect will convey particular concepts through various properties of the finished building – from its visual traits to the more abstract and/or symbolic concerns underlying its design. Examples from architectural history include the metaphorical expression of the body of Christ in a cathedral layout. A more contemporary example includes Stephen Holl’s *Cite de L’Ocean et du Surf* in Biarritz which architecturalises the

“visceral thrill of communing with the ocean’s rollicking power. Such experiences feed through into the muscular yet sensuous architecture, which cups and cradles visitors within the concrete wave” (The Architectural Review 2011).

Architects engage such metaphors, which are expressed through architectural design, in order to make particular comments or elicit certain effects. However, little scholarship has examined the metaphors interpreted by inhabitants encountering architectural space, the effects of these in inhabitant experiences, and the way they communicate these experiences to others. This paper reports on a study which aimed to extend the current literature available relative to service user perceptions of built environments, and the language used to convey these experiences. In particular, this study explores service user perceptions of environments of counselling, and the metaphors constructed. These metaphors were found to manifest haunted dimensions of space and influence the development of sense of place.

3. Methods

Whilst research examining healthcare environment design is increasing, the lack of attention to mental health treatment environments in particular is “a serious concern” (Shepley and Pasha 2017: 245). To obtain the clearest understanding possible of service user perceptions of architectural space, Marcheschi (2012) recommends integrating users’ environmental assessments into data collection to better understand the relationships between physical environments, social environments and user wellbeing. Shepley and Pasha’s comprehensive review of existing research on designing for mental and behavioral health notes the paucity of studies focusing on the service user voice specifically, and emphasizes that researchers “acknowledge the differences between staff and patient perceptions” (2017: 219).

The study reported in this paper involved an exploratory qualitative design that utilised a triangulated strategy. The methods of data collection included three phases undertaken in 2014-2015: (1) a systematic literature review; (2) a series of semi-structured interviews with five participant groups: 12 service users who self harm; 12 therapists/counsellors; 3 carers of a loved one with a mental illness who self harms; 4 architects/designers who work in design for mental health; 5 design experts/researchers who work in the field of research on design for mental health; and (3) an examination of 10 cases of existing built environments delivering mental health services. Interview participants were recruited in Australia and worldwide, with the aim of exploring a variety of

experiences of therapeutic environments.² A semi-structured interview method was adopted, and covered such topics as:

- The qualities of environments that were valued by/important to the interview respondent
- The observations that can be made about self harming individuals' behaviours/perceptions related to their environments
- Concepts of boundary, sensation, complexity (amongst others), as relevant.

The interview transcripts were coded using NVivo software version 10, and a re-reading of the data undertaken using the thematic network analysis developed. To analyse the cases, a synthesis of techniques was employed, including application of the interview data, the researcher's observations, and photographs and measurements taken. Together, data was then re-interpreted in order to draw conclusions on spatial perceptions³ and built environment aspects/spatial encounters which could be supportive of therapy and mental wellbeing. What became clear through this exploration was the haunted dimensions of therapeutic environments for individuals who self harm, and the potentials for design to privilege or hinder opportunities to develop interconnectedness with oneself, and a sense of self-actualisation.

4. Results: Spatial metaphors and haunted space

As the main focus of this paper, spatial metaphors are evident in notions of or trace within built environments. This is the space acting through metaphor. The space is a carrier of past issues, a vessel of another's trauma discussed in the room and made physical through trace. The service users discussed poignantly how signs of user inhabitation or trace prior to their own occupation of the space was confronting, triggering anxiety and possible self harming. In the most simple sense, signs of violence provoked anxiety. For example, visible holes in the walls as evidence of when others may have punched through was triggering and made the service users feel unsafe. As explained, you cannot feel safe or put your own identity on a space when "there's marks of other people being there" (Service user, 2015, Personal communication). On a deeper level, traces were also triggering to individuals who self harm as they served as a reminder of the past service users and their trauma made present in the space. A service user reflected:

Making sure the space doesn't show inhabitation or trace of other people's experience, that is really important for me. Cleanliness, I remember once [in a different counsellor's office] I couldn't stand it because I could see cracks in the plaster, and all of that again brought up the idea of ageing or old or must, so that really set me off" (Service user, 2015, Personal communication).

This service user also explained how smells related to trace were a trigger of deep seated memories, and that her experience of this in the built environment would dictate where she sat and how she related to people. Here the service users are perceiving their environment as a vessel of past inhabitation. To the service users, it is important that "there isn't a sense of trace or previous inhabitation, so the only sense of trace is yours" (Service user, 2015, Personal communication) as trace brings the connotation of other people and their therapeutic intimacy. It is this perceived intimacy which is confronting:

² Participants discussed both in-patient and outpatient environments, however there were clear similarities across the types of environments participants spoke about, and less diversity of experiences than expected.

³ Within this paper, the *perceptions of spatiality* explored are inclusive of two definitions. Firstly, cognitive constructions of physical environments and, secondly, the sum of psychological responses in socio-physical environments, which is cognitive and affective. The research thus aimed to investigate psycho-cognitive understandings of how a defined set of individuals think about space, and how perceptions related to spatial structuring and/or interactions with physical environments might be distorted, such as through a hypersensitivity in affective dimensions, or to personal affective triggers in environments.

“Even in the waiting room, the chairs that were vinyl, you could almost see the cheek impression and I don’t know if they were cheap vinyl chairs; it is an intimacy that I wasn’t comfortable with” (Service user, 2015, Personal communication).

Another service user discussed trace in relation to carpets and soft furnishings:

“Carpet holds smells and carpet holds the memories of other people and upholstery holds the same, especially when you start to see it is worn on the edges or on the arms, and you know other people have been there, so things that don’t show trace, that is important” (Service user, 2015, Personal communication).

The service users also recognise that they are perceiving space in relation to the presence of another. The issues the past service users have discussed in the space are manifest and made physical through their traces. This is confronting, as they feel they must sit in the space which is already psychologically full of the issues of all of the service users who have left their trace in the room. This signals that there is no room for them and what issues they may need to address in the space. Further, this trace of past inhabitation also makes them feel as though they must contain all of the issues from the past inhabitants, in addition to their own. This is psychologically provocative and challenging:

“You have your own problems, you don’t want to be having to deal with other people and how they feel and their emotions... I am already at max capacity... you have just got too much of your own stuff to tolerate stuff from other people, to tolerate it comfortably” (Service user, 2015, Personal communication).

This is suggestive of a particular metaphoric reading of space, whereby service users are perceiving the space as a container of emotions and issues, through traces of past inhabitation. The traces are equivalent to the past service users being present together with their issues or trauma. For the present service user, such metaphorical reminders reduce their own opportunities to voice and unpack their issues in the space. This metaphor is a perceived haunting of space, manifesting affective dimensions in the service users’ sense of place.

A series of other metaphoric constructions were also uncovered in this study. Most strongly, the metaphor of a uni-directional progression/sequence of spaces manifesting therapeutic progress is significant for service users. The layout of spaces and the individual transition through these spaces is perceived as a representation of therapeutic progression (or regression), suggesting that the physical space articulates itself in a psychological plane for these individuals. By understanding these representational meanings and how they are interpreted, design can be afforded to communicate therapeutic progress, and mental wellbeing.

Within the counselling workspace, other metaphors also exist. Firstly, the ‘space of the mind’ metaphor, where the physical space afforded by an empty chair and accompanying personal space equal to one person allows the service user mental breathing room to discuss and unpack their issues. Secondly, there is a metaphor contained in circular layouts. If the room arrangement is circular, it speaks of ‘going around in circles’ therapeutically, and not addressing key issues or making progress. Thirdly, a metaphor exists connecting between the external, physical chaos of a counselling workspace that is messy or always changing in its content, and the internal, psychological chaos which is exacerbated when confronted with this. These metaphors are space acting symbolically, where various spatial metaphors have meaningful readings for service users.

The counselling workspace layout can exacerbate an imbalance of power perceived by the service user, through use of metaphor. Through an intervening desk, unequal seating choices, uneven eye level, high therapist personalisation, and a lack of flexibility in the space, the service user perceives that power is firmly with the therapist. This reduces the feelings of psychological safety for the service user. This is space acting symbolically through metaphor, with relations of power manifested through physical space. Without spatial flexibility, there exists little opportunity for the service user to express and communicate physically, or exercise agency through spatial engagement (Liddicoat 2015).

This paper will now shift to investigate possible explanations for why spatial metaphoric constructions were of particular significance, and why traces within built interior spaces cue

connections to another's trauma. These explanations include: (1) sensitivity to spatial metaphoric content; (2) sensory engagement triggering connections to narratives (imagined); and (3) the dialogue of the human sensorium.

4.1 Sensitivity to spatial metaphoric content

The service users developed sets of metaphoric jargon to speak about various aspects of their therapeutic encounters, from functional to structural to conceptual properties. This is not unusual; metaphoric jargon used commonly in architectural practice to describe the functional and structural properties of buildings include 'spine', 'bowels', 'mechanics'; a building's pathologies may be described using such terms as 'fatigue', 'blister', or 'bleeding'; a building's appearance may be described using such terms as 'muscular' or 'sinuous' (Caballero 2014). Many of these terms bring together functional and visual information. The service users' accounts often conveyed sensory information related to textures, light sound, and similar, aiming to capture the embodied, multisensory and multi-modal experiences that is the inhabitation of architectural space. Words such as 'impression' and 'skin' blend architectural textual properties with the haptic realm and the perceptual experiences the service users were experiencing. Terms such as 'compression,' 'intensity' and 'escape' capture the feeling of inhabitation, a connecting of visual and haptic information. This was a highly sensuous approach to built space, transcending the purely visual matter of architecture, and inviting an embodied, multisensory encounter through the spatial metaphoric content in the language chosen. The metaphor here is a key cognitive and linguistic mechanism whereby knowledge may be refined, translated and communicated to another. Such synchronicity in spatial descriptions may be due to the way in which metaphors attain meaning. Metaphors are influenced by particular groups and settings (Hauser 2013) and the meaning a metaphor will have is tied to past experiences (Ricoeur 2003). Shared past experiences may lead to parallel constructions of metaphorical meanings for the service users, as they experience built space.

Psychotherapist Gwen Adshead suggests that individuals who self injure do so because they are alexithymic, that is, they lack the capacity to either identify their feelings or describe them to others (Adshead 2010). Verbal language is important to communicate distress to others (Dunbar 1998) and it is equally important that this communication is comprehensible, and expressed in ways which do not alienate others (Saarni 1999). Words describing feelings are often metaphorical; Pinker argues that metaphors provide emotional tone to verbal expression (Pinker 2007). Comprehensible use of metaphors relies on an individual's ability to symbolise memories and use metaphors in highly specific ways (Adshead 2010). These skills are often taken for granted; "we assume that everyone can articulate distress effectively, or easily use emotional language" (Adshead 2010: 69). Expressions of psychological experiences of pain and distress often rely very heavily on meanings coded in metaphor. Clinical literature explains that individuals who self harm apply metaphors differently, symbolising in physical terms rather than verbal terms, as a means to articulate emotional pain (Leiebenluft, Gardner, and Cowdry 1987). They are using their bodies as metaphors for distress (Schoe 2001). This may serve as an explanation for why individuals who self harm perceived metaphors coded in the built environment to such a strong degree, and why this is of particular significance to them.

4.2. Sensory engagement triggering connections to narratives (imagined)

Individuals who self harm are commonly afflicted by symptoms known as 'high sensation seeking' (Rossier et al. 2000). High sensation seeking is defined in the literature as a higher need for stimuli in order to ensure the optimum level of arousal (Zaleski 1983). For individuals who self harm, a higher level of sensory stimulus is required to enable them to be fully present in their environment (Huband and Tantom 2009). Service users in this study described how they use the built environment to try and derive sensory encounter in order to remain present. One service user explains how a close consideration of her environment helped her to identify triggers of her self-harming, such as bright lights, and knowing what kinds of physical engagement will also be supportive for her. Service users discuss how they employ particular kinds of user activation and engagement in their own environments as coping strategies for when they become distressed. In this manner,

“sometimes I can catch a feeling of overwhelming and struggling and I am able to counteract it. I am able to counteract some of the triggers in my environment by being more aware of it” (Service user, 2015, Personal communication).

High sensation seeking is directly related to both mental wellbeing/function and the individual's wider environment. There is an inference in existing research that high sensation seeking individuals have very particular perceptions to and needs from their environments (Hebb 1958; Hebb and Thompson 1959; Maddi 1968), including high levels of complexity in an environment (Zuckerman 1976; Looft and Baranowski 1971; Straker 2006), textural richness in an environment (Golembiewski 2010), and opportunities for interaction within an environment (Zaleski 1983), such as spaces with moveable furniture/items (Golembiewski 2012).

Paul Ricoeur presents a conception of temporality that avoids the common segmentation between past, present and future (Ricoeur 2006). In line with this thinking, “the past is not closed off from the present and the future, the present is not closed off from the past and the future, and the future is not closed off from the past and the present” (Jocson 2015: 162). Jennifer Allen explains how the body is a powerful tool “for reproducing the past” (Allen 2005: 179) and further, “the body remains the vehicle that can carry the past into the present, that can give the past presence” (Allen 2005: 181). Knowing that individuals who self harm place a high degree of significance on sensory encounter, and the information gained about the world through sensory engagement, then perhaps the connection to past inhabitation, manifest through trace and the touch of the body, is thus more powerful.

Here the definition of trace must be re-examined. As a vehicle to connect to past narratives and service users in the counselling workspace, the trace acts in relation to life (presentness, presence) and not to death (absence and loss). For the service user, traces render a past service user present in the room. The issues that past service users presented with to unpack in therapy are tangible, are occupying the physical and psychological space to such a degree that the current service user cannot begin to unpack their own issues for discussion in the space (Liddicoat 2017). This definition of trace “dissolves time and space” (Arias 2014: 114). Rather than being a static artefact, the trace is a passage, a movement between past and present, a dialogue where the past is brought into the present through bodily activation and engagement.

We might “imagine the missing parts of the historical narrative [of a building] based on our interpretation and understandings of the things that remain” (Bennett 2011: 152). The traces of past service users are providing provisional clues, prompting the present service users to connect to the past service user and their own story. The traces are memories made physical for the service users, which “form a bank of fragments to be brought up and pieced together into fictions of the past obtained from the ‘real’” (Grillner 1995: 6). For individuals who self harm, sensory encounter is particularly significant in relation to psychological connections to environments. Further, metaphors can attain new meanings through bodily experiences (Bloomer and More 1977). This may be considered as a possible reason for how imagination and the construction of the narratives of past service users is triggered by sensory and bodily engagement with their traces.

For the service users, the building acts as a container of past service user inhabitation, a container of the memories of these bodies. The building does not represent but rather cues engagement and imagination through trace, making the absent present. The connection is thus an imaginative act which refuses to homogenise or specify narratives. The interaction between the situated body and the interior space manifests the construction of these narratives. This illustrates the dichotomous experience of place as imbued with elements that are both present and absent, acting to create and manifest (imagined) narratives through a spatial description.

4.3 The dialogue of the human sensorium

Individuals who self harm commonly find an inability to communicate through conventional language means. In the therapeutic literature, it is acknowledged that perhaps the increasing incidence rates of self harm and the poor success rates of therapy processes are due to a reliance on words for communication. These individuals find difficulty in verbalising their emotions (Straker 2006); using acts of self harm as a voice instead, crafting a communication where words have failed to create shared meaning. Reflecting on one account of self harm, researchers note that “she [the patient]

wishes it [self harm] were an acceptable substitute for verbal communication, but knows that it isn't" (Leiebenluft, Gardner, and Cowdry 1987: 321).

Research exists which explores the built environment as a vehicle for communication about the self. Cooper Marcus explores how the home environment can be a signifier for aspects of ourselves, and the personalisation of space speaks of the self to others (Cooper Marcus 2006). Goffman reiterates the notion of spacemaking as a vehicle of personal communication (Goffman 1974). This is also supported in literature on designing for mental health, where affording personalisation and communication is important to therapeutic outcomes (Golembiewski 2012; Joseph, Keller, and Gulwadi 2009; Barlas et al. 2001).

For individuals who self harm language is not felt to be 'touching' therefore language is disseminated into the interaction between interior spaces and the human sensorium. Through tactile investigation they are able to gain greater connection with the interior spaces that envelop them and create a corporal dialogue between users and space. It is perhaps this emphasis on communication via touch and the body which renders the messages read through trace so significant to this user group. Where past service users have left imprints, the present service user engages with these via the human sensorium. This impression creating mutual comprehension and dialogue, in a familiar form, perhaps dispels the fact that the past service user is no longer in the room. They do not need to be present for this kind of speech to be vocalised and understood by the current service user. This is a spatial description, where built space develops its own 'language' and thus its haunted, affective dimension.

5. Conclusions

This paper has discussed how trace is detected, as outlined by individuals who self harm, and investigated the possible explanations for why this particular sensory encounter in built interior space is cueing connections to another's trauma. It becomes apparent through this discussion that "the uncertainty of the ground on which we walk and the multitude of impressions making their way into our minds only emphasises a need for an architecture that carefully materialises interpretations of this complexity" (Grillner 1995: 6). The findings of this study indicate that there is a close relationship between the built environment, metaphoric constructions, and emotional and psychological states of service users. The sense of place experienced brings together real and imagined dimensions of space, present and absent. Traces of past inhabitation are a perceived haunting of space, manifesting affective dimensions in the service users' sense of place. The building does not represent but rather cues engagement and imagination through trace, making the absent present. The connection is thus an imaginative act which refuses to homogenise or specify narratives. The interaction between the situated body and the interior space manifests the construction of these narratives. This is affected through spatial communication, where built space develops its own 'language' and thus its haunted, affective dimension.

Service users speak of trace as manifesting past service users and their issues in the space, leaving no room for them to unpack and discuss their own thoughts in the physical and psychological therapeutic space. This increased the psychological chaos and anxiety experienced (Liddicoat 2017) and limited the opportunities for development of sense of self and agency within the therapeutic space (Liddicoat 2015). The person-space relationship is quite pivotal to accessing the therapeutic dimensions of space. However, it is also important to recognise that the metaphoric expressions uncovered in this study are generated through experiences of space; influences of context, user social and demographic profiles, mental health diagnoses and service types may influence the perception of these metaphors in other built environments, and their influence on constructions of realities.

Research methodologies seeking to understand service user perceptions of therapeutic spaces, alongside those of other stakeholders, were invaluable in the study undertaken. A multidisciplinary focus on this language of spatial encounters as part of future multi-stakeholder research is emphasized. Sayer has highlighted the importance of taking the concerns of people seriously, not merely to recognize them as private emotions but to acknowledge their role in illuminating what is happening within particular activities and within society more broadly (Sayer 2011). He argues that

"if we ignore [people's concerns] or reduce them to an effect of norms, discourse or socialization, or to 'affect', we produce an anodyne account of living that renders our evident

concern about what we do and what happens to us incomprehensible...it can produce an alienated and alienating view of social life" (Sayer 2011: 2).

With this in mind, the haunted dimensions of therapeutic encounters should not be viewed as a mere subjective experience but serve as a catalyst to drive change and ongoing discourse within society relative to mental wellbeing. This study paves the way for future researchers to consider the implications of spatial metaphors, in terms of therapeutic delivery, architectural environments, and studies focusing on the use of language. By enhancing the understanding of language usage and spatial allusions, future research can promote a more concise understanding of the importance of place and architectural encounters. This is of significance to vulnerable and often marginalized populations, or those whose voices are rarely included in research, and when included, may not be clearly understood.

Scholarship examining patient perspectives of built environments is fraught with barriers and limitations (Shepley and Pasha 2017), and concern has been expressed with regard to the capacity of mental health patients to respond to interview and survey material. Researchers note these users' "personalized and idiosyncratic responses might be of questionable validity" (Rice et al. 1963: 251) due to cognitive abilities, memory issues, personal characteristics or emotional stability. Reluctance to engage participatory approaches with service users is evidenced across architectural design and research (Liddicoat 2017), and is often linked with the "fear and misunderstanding that colour people's notions of mental illness" (Bewley 2008: 153). This paper discourages the lack of inclusion of service user voices, which were found to be key sources of information relative to spatial experiences.

Studies examining user perceptions of built space can be limited by the language used in discussions between researcher and participant, which may not develop shared understanding (Till 2005). Shepley and Pasha explain that "much more detailed descriptors of the physical environment are necessary so we can make intelligent interpretations of what factors might be associated with what outcomes" (2017: 219). Whilst their work identifies several future research directions to inform architectural design, Shepley and Pasha omit the inclusion of studies examining the use of language in architectural encounters. The study reported in this paper finds that various dimensions of language and spatial metaphor were of vital significance to service users, and served to impact their perceptions of architectural space and constructions of a sense of place. This is in line with studies examining perceptual experiences of architectural space, outside of healthcare, which emphasize the examination of first-person descriptions of architectural surroundings and experiences as a means to (1) explore the phenomenon of the lived architectural experience, and (2) develop a more concise understanding of architectural encounters (Bader 2015).

This study finds that the therapeutic space is not a simple container of therapy but an agent in generating meaning, metaphor and spatial experiences which may impact therapeutic services. Through careful consideration of materiality, atmosphere and evidence of relations or traces, inhabitants may be more conscious of themselves and others, and the potentials for their own narratives and self-development. This study also finds that an immediate, pre-reflective sense of the surrounding environment influences, reflects and derives from the user's emotions and prior experiences. Participants' spatial descriptions explored the relationships between built components, traces, light and shadows, materials, the user's body, the user's intentions, emotions and recollections, which served to inform the study findings relative to sense of place and architectural encounters. Thus, this paper encourages the inclusion of service user voices as a pivotal and effective means to develop a more concise understanding of the importance of place and architectural encounters, and mitigate the paucity of research in this area of discourse.

What emerged from the study was that the semantics of space in therapeutic settings is key to exploring the sense of place of individuals who self harm. Therapeutic spaces are imbued with metaphoric signifiers, bodily transmission, and offer opportunities for non-verbal communication, increased body awareness, increased sensory engagement and perception, and opportunities for the development of the self. Providing spaces which are psychologically safe, and not haunted by spectres of the past service user and their trauma, requires attention be paid to notions of trace within the counselling workspace, and the semantics of architectural therapeutic encounters.

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